





Cover Tennessee Benefit Program – Network Participation Info Grid BlueCross BlueShield of Tennessee

Product Name	Network Affiliation	Reimbursement Based On	Participation Requirements	Sample ID Cards
	BlueNetwork V	BlueNetwork V	Network V Amendment to BlueNetwork P Acceptance	See Exhibit A
	BlueNetwork S	BlueNetwork S	Executed Network S Attachment	See Exhibit B
	BlueNetwork S	BlueNetwork S	Executed Network S Attachment	See Exhibit C
	BlueNetwork S	BlueNetwork S	Executed Network S Attachment	See Exhibits D and E

Important FACTS:

- ❖ **Cover Tennessee** is simply the name of the overall program developed by Governor Bredesen. There are four parts to the Cover Tennessee Program
 - **CoverTN**
 - **AccessTN**
 - **CoverKids**
 - **HealthyTN Babies**

- ❖ **CoverTN** is the only limited benefit plan within this program.

- ❖ If you are a participating provider in **BlueNetwork S** and you elected not to accept the **CoverTN** (Network V) contract Amendment, you are still considered participating in the following **Cover Tennessee** benefit plans:
 - **AccessTN**
 - **Coverkids**
 - **HealthyTN Babies**

*For more info visit BCBST.com
Or, call 1-800-924-7141*

Cover Tennessee Sample ID Cards

BlueCross BlueShield of Tennessee		 <small>A Cover Tennessee Program</small>
Member Name CHRIS B HALL Member ID ZXL900123456 Group No. 119000 RXBIN 610415 RXGRP E02OCTNA NETWORK: V RX04	Spouse SUSAN HALL <div style="background-color: red; color: white; padding: 2px; display: inline-block; font-weight: bold;">LIMITED BENEFITS</div> Plan A - Copayments: Office Visit \$15 Inpatient \$100 Outpatient \$25 RX \$10/\$25	

Exhibit A

BlueCross BlueShield of Tennessee	
Member Name CHRIS B HALL Member ID ZXW123456789 Group No. 119001 RXBIN 610415 RXGRP T13BATN5 BLUE NETWORK: S RX04	 Copayments: ER 75 RX \$15/30%/60%

Varies by co-payment amounts

Exhibit B

BlueCross BlueShield of Tennessee	
Member Name CHRISTINA B HALL Member ID ZXK123456789 Group No. 119002 RXBIN 610415 RXGRP TCDHCKD2 BLUE NETWORK: S RX04	 Copayments: OV \$15 SPEC \$20 ER \$50 IPH \$100 RX \$5/\$20/\$40

Exhibit C

BlueCross BlueShield of Tennessee	
Member Name CHRISTINA B HALL Member ID ZXK123456789 Group No. 119002 RXBIN 610415 RXGRP TCDHCKD1 BLUE NETWORK: S RX03	<div style="background-color: #0070c0; color: white; padding: 2px; display: inline-block; font-weight: bold;">MATERNITY ONLY</div> Copayments: OV 15 SPEC 20 ER 50 IPH 100 RX \$5/\$20/\$40

Indicates Maternity Only

Exhibit D

BlueCross BlueShield of Tennessee	
Member Name CHRISTINA B HALL Member ID ZXK123456789 Group No. 119002 RXBIN 610415 RXGRP T138HLTH BLUE NETWORK: S RX03	<div style="background-color: #0070c0; color: white; padding: 2px; display: inline-block; font-weight: bold;">MEDICAL/MATERNITY</div> Copayments: OV 15 SPEC 20 ER 50 IPH 100 RX \$5/\$20/\$40

Indicates Medical and Maternity Benefits

Exhibit E

** Please note the network affiliation located in the lower left corner of each card.